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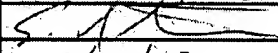
60975 7590 04/02/2007

CSA LLP
4807 SPICEWOOD SPRINGS RD.
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AUSTIN, TX 78759

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Eric A. Stephenson	(Depositor's name)
	(Signature)
6/27/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/976,400	10/11/2001	David L. Rabbers	OIC0263US	2799
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TITLE OF INVENTION: METHOD AND SYSTEM FOR TRANSFERRING INFORMATION DURING SERVER SYNCHRONIZATION WITH A COMPUTING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/02/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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PATEL, ASHOKKUMAR B	2154	709-248000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Campbell Stephenson LLP
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siebel Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Mateo, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **1**

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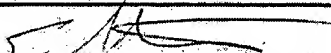
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **502306** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above).

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

6/27/07

Typed or printed name

Eric A. Stephenson

Registration No.

38,321

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